

VIA FACSIMILE

IN DATE: 11/03/2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Jamie Edelkind

Serial No.: 09/876,014

Group Art Unit: 2133

Filed: 06/07/2001

Examiner: Not yet assigned

For: System and Method for Identification of Media by Detection of Error Signature

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

This is a second Request for Withdrawal as Attorney or Agent and Change of Correspondence Address. The first Request for Withdrawal as Attorney or Agent (copy enclosed) was submitted to the U.S. Patent and Trademark Office on November 18, 2002 and was subsequently lost. A copy of the stamped postcard indicating a receipt date of November 18, 2002 from the OIPE is enclosed herewith in addition to the United States Postal Service's confirmation of delivery of the Express Mail package bearing item number EV089821733US.

We request that this Request for Withdrawal be processed as soon as possible and that the approval date of the withdrawal reflect our original filing on November 18, 2002.

The Commissioner is hereby authorized to charge any fee deficiency, or credit any overpayment, to Deposit Account No. 18-1579. The Commissioner is also authorized to charge Deposit Account No. 18-1579 for any future fees connected in any way to this application.

Respectfully Submitted,



John K. Abokhair, Esq.

Registration No. 30,537

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November 3, 2003

Atty. Docket No. 2729-002

Received from <703 391 2901> at 11/3/03 3:15:41 PM [Eastern Standard Time]

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0851-0036

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/876,014
Filing Date	06/07/2001
First Named Inventor	Jamie Edelkind
Group Art Unit	2133
Examiner Name	
Attorney Docket Number	2729-002

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

1. Client has failed to pay bills for services for over a year.
2. There is no Office Action on this case as yet.
3. No further action is pending at this time

****A COPY OF THIS "REQUEST FOR WITHDRAW" HAS BEEN SENT TO THE CLIENT****

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

OR

Place Customer Number
Bar Code Label here

☒ Firm or
Individual Name

APOSTILLE, INC.

Address MR. JAMIE EDELKIND

Address P.O. Box 396

City Hull

State MA

ZIP 02045

Country USA

Telephone 781-925-5892

Fax

☒ This request is made on behalf of myself and

☒ all the attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 22208

This request is enclosed in triplicate (including any attachments).

Name Jon L. Roberts

Signature

Date

November 18, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**